



South Eastman Health/Santé Sud-Est Inc.

ANNUAL REPORT 2006 - 2007



VISION STATEMENT

Partnering with community to optimize health

MISSION STATEMENT

To ensure the best health for the people of the South Eastman region through consultation, evidence-based decisions and innovation

VALUES

*Integrity
Respect
Proactivity
Responsiveness
Accountability
Excellence*

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LETTER OF TRANSMITTAL

We have the honour to present the annual report of South Eastman Health/Santé Sud-Est Inc. for the fiscal year ended March 31, 2007.

This annual report was prepared under the Board's direction, in accordance with The Regional Health Authorities Act and directions provided by the Minister of Health. All material economic and fiscal implications known as of September 30, 2007 have been considered in preparing the annual report. The content of this report has been approved by the Board.

Respectfully submitted on behalf of South Eastman Health/Santé Sud-Est Inc.

*Aurèle Boisvert
Board Chair*

MESSAGE FROM AURÈLE BOISVERT, BOARD CHAIR

I am pleased to present the 2006-2007 Annual Report of South Eastman Health/Santé Sud-Est Inc.

This was the first year of implementation of the regional health authority's new five year Strategic Plan. Although we have experienced many successes, the future holds many challenges in such areas as meeting the health needs of our growing population, upgrading our acute care services, enhancing our community services, as well as recruiting and looking after our human resources. We will continuously strive to enhance our health services and quality of care in all programs and services in order to make these centres of excellence.

The planning, implementation, and delivery of health services encompasses the vision of South Eastman Health/Santé Sud-Est - *Partnering with Community to Optimize Health* - in order to better serve South Eastman's 60,000 residents. As we endeavour to continually work towards this vision and the good of our people, I would like to express my appreciation to the individuals and groups who created successful partnerships between community groups, residents, stakeholders, service providers and South Eastman Health/Santé Sud-Est. I would also like to extend my sincere appreciation to the employees, volunteers, partners and communities for their ongoing commitment, as well as to Manitoba Health for their leadership and support.

Respectfully submitted,

Aurèle Boisvert

MESSAGE FROM MONIQUE VIELFAURE MACKENZIE, CHIEF EXECUTIVE OFFICER

This annual report highlights and celebrates our organization's accomplishments over the past year. Although challenges are inevitable, it is through the collective efforts of individuals committed to the organization that the RHA has continued to make progress in the development and delivery of programs and services throughout the region.

Although we succeeded in ending the fiscal year with a small surplus, it is only through the efforts of managers and employees who carefully scrutinized expenditures and made judicious use of our resources that we were able to accomplish this within our funding allocation. However, we continue to experience significant challenges in meeting volume and service pressures, as a result of our region's unique population growth.

Over the past year, we have experienced some successes in the recruitment of physicians and staff across program areas. However, staffing and retention in such areas as diagnostic services, nursing and physician services continues to be a concern that will require ongoing diligence.

I take this opportunity to thank and congratulate our Board members, employees, physicians, volunteers and community partners for their continued commitment and dedication to our health system.

Respectfully submitted,

Monique Vielfaure Mackenzie

OUR REGION

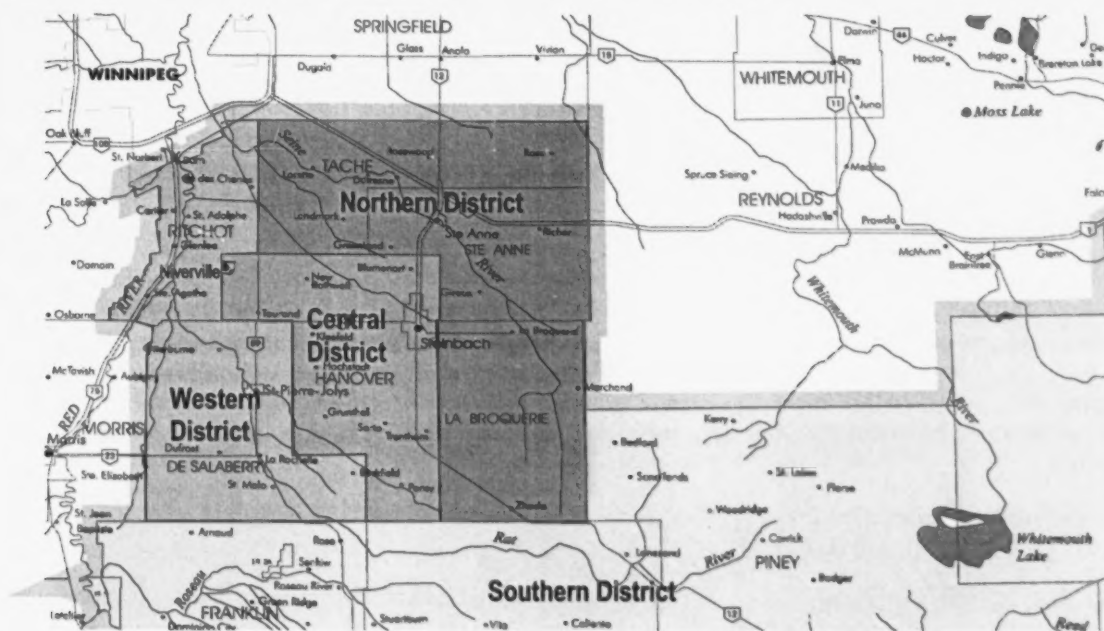
South Eastman Health/Santé Sud-Est Inc. is a rapidly growing bilingual rural Regional Health Authority (RHA) with a relatively young population. The South Eastman region covers an area of approximately 10,000 square kilometres, encompassing 13 municipalities, one small First Nations community, and unorganized territory. The region extends south from the Trans Canada Highway to the American border, and east of the Red River to the Ontario border.

South Eastman Health/Santé Sud-Est Inc. owns and operates the region's four hospitals, two primary health care centres, and four personal care homes. In addition to this, three long term care facilities operate under service purchase agreements. An additional personal care home in St. Adolphe is privately operated.

South Eastman is experiencing the fastest growth in Manitoba, with 17% population increase between 1998 and 2006, compared to 3% province-wide growth over the same period. The net increase to the region was just over 9,000 residents, representing fully 21% of the overall growth in Manitoba's population over the same period. In 2006, the South Eastman population numbered 61,366. Two factors have played major roles in rapid population growth: the region's above-average birth rate and population movement into South Eastman from overseas and from elsewhere in Canada.

Health care funding to the region, however, has not kept pace and levels have steadily declined. In 1999/00, per capita funding to South Eastman RHA stood at 46.5% of the provincial average and 67.3% of the rural/northern average. By 2005/06, despite 50.4% total funding increase, population growth had reduced South Eastman's per capita funding to 44.7% of the provincial average and 66.9% of the rural/northern average.

Driven by population growth, health service needs in South Eastman have increased markedly over recent years. Furthermore, the senior population is increasing much more rapidly than in the rest of Manitoba. This has placed pressures on all regional health services. Without increased overall funding, the RHA is unable to meet current demands for health care services while, at the same time, planning to ensure sufficient resources and capacity to meet rising and changing needs.



Partnering with Community to Optimize Health

Board Members in 2006-2007

Aurèle Boisvert (Ste. Anne) - Chair; Beverly Schmidtke (Steinbach) - Vice Chair; Patricia Danylchuk (Lorette) - Secretary-Treasurer; Bob Cesmystruk (Vita); Henri Bisson (La Broquerie); James Dewart (St. Pierre-Jolys); Donald Dupuis (St. Adolphe); Anita Funk (Grunthal); Vania Gagnon (Lorette); Cornie Goertzen (La Broquerie); Norman Klippenstein (Niverville); Claude Lemoine (Ste. Agathe); Christiane Neufeld (Steinbach); Bryan Nichols (Dominion City); Chris Summerville (Steinbach)

BOARD GOVERNANCE

South Eastman Health/Santé Sud-Est Inc. operates under the direction of a Board of Directors, which is accountable to the Minister of Health. The Board governs in compliance with the legislative authority as outlined in The Regional Health Authorities Act. The Board plans and makes decisions in accordance with its Ends Statements and Strategic Priorities, which are reviewed annually. The Board monitors Board Ends and regularly reviews a variety of reports and scorecards with the Chief Executive Officer to monitor the performance of the regional health authority.

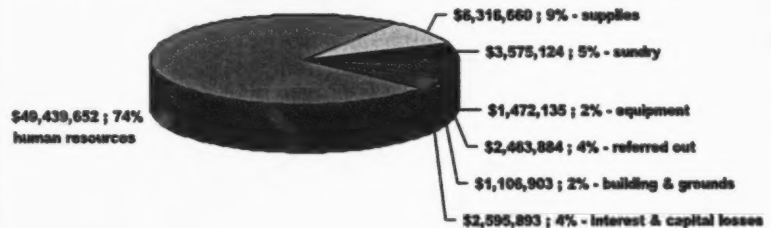
The Board oversees the efficient implementation of the health plan, the appropriate allocation of funds and the maintenance of effective systems of control and legislative compliance by adhering to the Regional Health Authorities Act and the associated By-laws approved by the Minister of Health. The following Board Committees are in place to assist it in achieving this:

1. Executive/Governance
2. Finance/Audit
3. Policy Development and Review
4. Community Relations.

There is Board representation on the Regional Quality/Risk Management Team, the Leadership and Partnerships Team, the Ethics Committee, and a Board Liaison on each District Health Advisory Council and Provider Advisory Committee.

The Board conducts a bi-annual self-assessment to evaluate its performance and identify its education requirements. The Board holds open meetings on the fourth Thursday of every month, with local media attending all Board meetings. Board meeting dates and times as well as Board meeting minutes are available to the public on the RHA website.

Expenses by type as at march 31, 2007



Board Activities in 2006-2007

Linked to Long Term Care Strategic Priority

- Implemented an accountability policy and procedure to monitor the performance of non-devolved personal care homes in the region.

Linked to Human Resources Strategic Priority

- Board Chair and Chief Executive Officer held numerous staff meetings in the region with all staff invited.
- The Board continues to play an active role in staff appreciation barbecues, staff long service awards, presentation of bursaries for studies in health care, as well as foundation and auxiliary fundraising initiatives.

Linked to Board End: Residents are well informed of the health services provided in the region

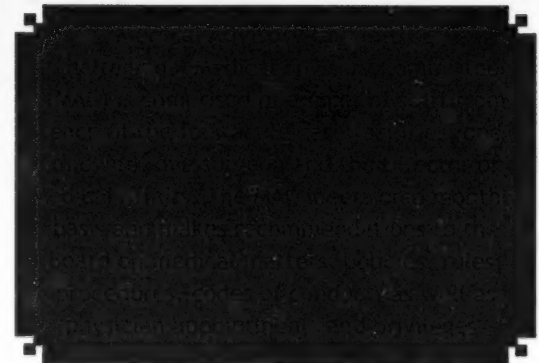
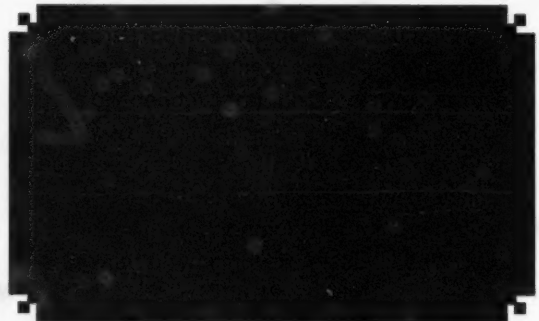
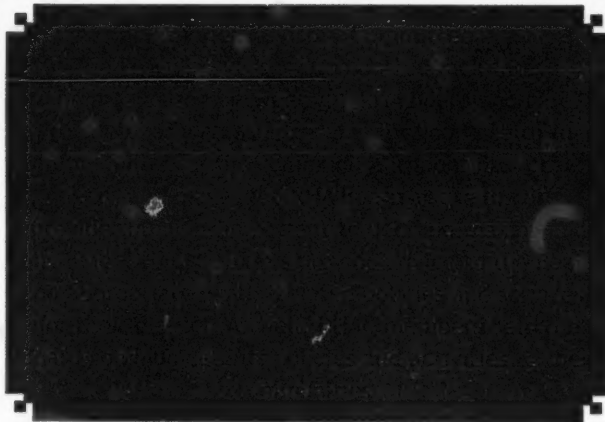
- The RHA redesigned and enhanced its public website to make health information accessible to the public in a user-friendly and timely fashion.
- Provided formal orientation to new Board members.

Board Consultations and Public Meetings

- Three joint meetings of the Board with the District Health Advisory Councils and Provider Advisory Committee were held for information sharing and consultation.
- The Board Chair, with the Chief Executive Officer, met with newly elected local government officials to discuss health care needs and other concerns.
- The Board met with representatives of Central RHA, East Borderland Community Housing, Contract Sites, regional foundations and auxiliaries, Eden East. Also, the Board Chair and Chief Executive Officer attended a luncheon with the Premier and a number of Cabinet Ministers.

ORGANIZATIONAL AND ADVISORY STRUCTURE

In order to ensure efficient and effective management and delivery of health services to residents of the South Eastman region, the RHA functions under the direction of an Executive Management Committee and a Regional Management Team. Program managers and coordinators are responsible for administering regional health programs and services including: acute care, long term care, public health/primary health care, mental health, home care, services to seniors, emergency medical services, palliative care, and diagnostic services. The majority of corporate functions (human resources, finance, communications, French language services, quality risk and planning, materials management, construction and information technology,) are centralized for efficient and effective use of resources. The Chief Executive Officer is responsible for all RHA operational activities and reports to the Board of Directors.



Results

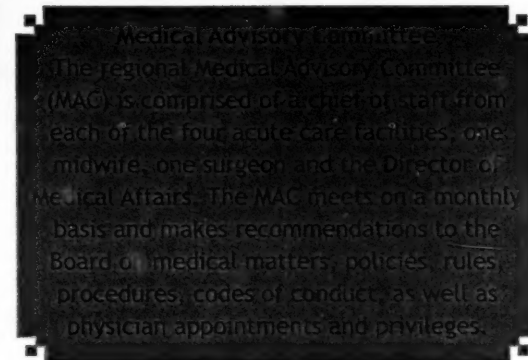
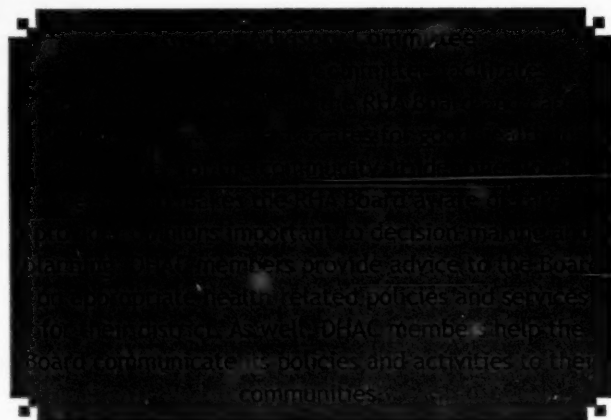
In 2006-2007, members from each of the four DHACs participated on a regional steering committee for the implementation of the Chronic Disease Prevention Initiative (CDPI) project - StartFresh! This included raising community awareness, promoting resident and group participation in general consultations and information sessions on the project, and supporting communities in submitting community project incentive requests. Furthermore, communities participated in sessions where they learned more about the roles they can play in smoking reduction/cessation. DHAC and PAC members attended three joint meetings with the Board of Directors, enhancing the sharing of information, and assisting the Board with making decisions based on evidence.

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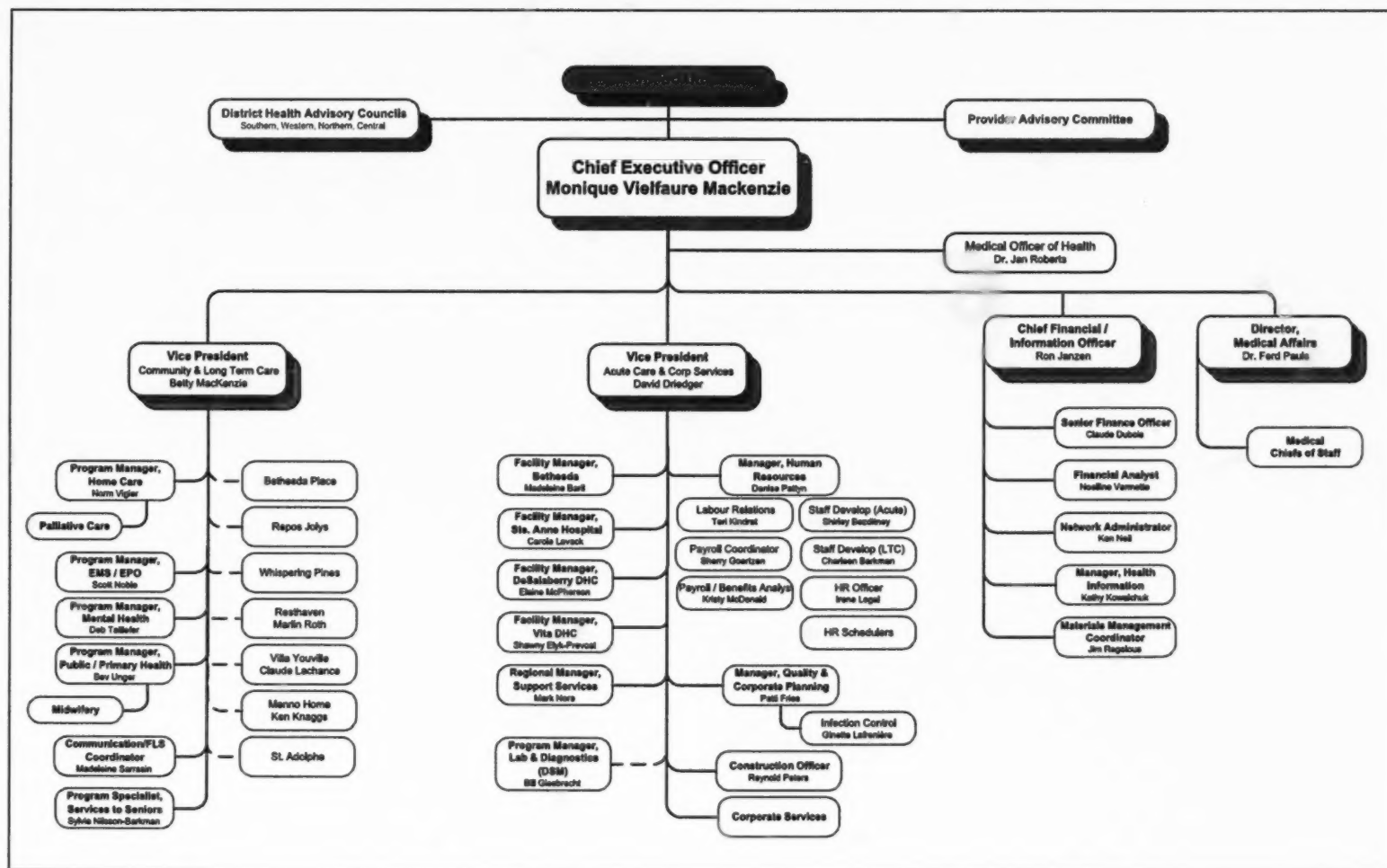
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Changes in 2006-2007

- The Palliative Care Coordinator position was modified to report directly to the Home Care Program Manager
- A Regional Infection Control Coordinator position was created and reports to the Manager, Quality & Corporate Planning
- Human Resources staff were centralized and now work directly under the supervision of the Regional Human Resource Manager
- The Communications & French Language Services Coordinator now reports solely to one Vice President

STRATEGIC PRIORITIES

The strategic priorities listed below are not in any specific order other than Population Growth, which is seen to be the principal strategic priority.



Population Growth: To collaborate fully in efforts to secure population-based RHA funding to meet the growing and changing needs of the South Eastman population.

Acute Care: To work towards equitable in-region access to quality acute care services for all South Eastman residents.

Long Term Care: To build the continuum of services required to meet the needs of the growing senior population, for residents living in the community and residents progressing through loss of full independence.

Primary Health Care: To expand primary health care by modeling all community-based services on primary health care principles, focusing on prevention and health education approaches.

Palliative Care: To enhance quality of living for residents reaching the end of life.

Mental Health: To build on the significant enhancements made to community mental health program and services over the past few years.

Population Health: To improve the health of the population not only through health service provision but by working collaboratively with the community across all sectors to understand and address the whole range of health determinants.

Health Promotion and Illness Prevention/Education: To further position prevention, education and prevention services as key to improving future health in the population.

Research: To uphold the RHA's commitment to evidence-based health policy-making and planning.

Quality: To foster an organizational culture that focuses on the client and the quality of care through continuous learning and service improvement.

Patient Safety: To foster a culture that facilitates patient safety by focusing on safety, disclosure, a systems approach and learning, ultimately improving quality of care.

Human Resources: To enhance quality of care by providing staff with the education, tools, experience, confidence and an environment that fosters a healthy workplace.



MAJOR ACCOMPLISHMENTS

This year marks the first year of South Eastman Health/Santé Sud-Est Inc. implementing its new five year Strategic Plan, which comprises twelve strategic priorities for 2006 to 2011.



The RHA has identified actions and outcomes for each of its twelve strategic priorities over the course of its five year implementation; however, not all strategies have actions in each year. The following is a summary of our achievements in the first year of implementation.



Goal linked to Strategic Priority

Seek adequate funding across all program areas.

Goal linked to Manitoba Health

Reduce the disparities in the health status of Manitobans.

Strategies and Success Factors

Seek increased base funding proportional to size and characteristics of the growing and changing population.

South Eastman is experiencing a 2% annual increase in population, a level not experienced elsewhere in Manitoba. Years of steady population growth, especially from overseas immigrants, have dramatically increased demands for services related to young families, including obstetrics, midwifery, family health, mental health and public health.



Results in 2006-2007

- The Board Chair and Chief Executive Officer met with Steinbach's Mayor as well as newly elected local government officials to discuss population growth and funding issues.
- An appeal letter was sent to the new Minister of Health to stress the issue of population growth in South Eastman and its impact on volumes.
- The RHA was successful in receiving an 8.9% funding increase, allowing it to approve a balanced budget for 2006-2007.

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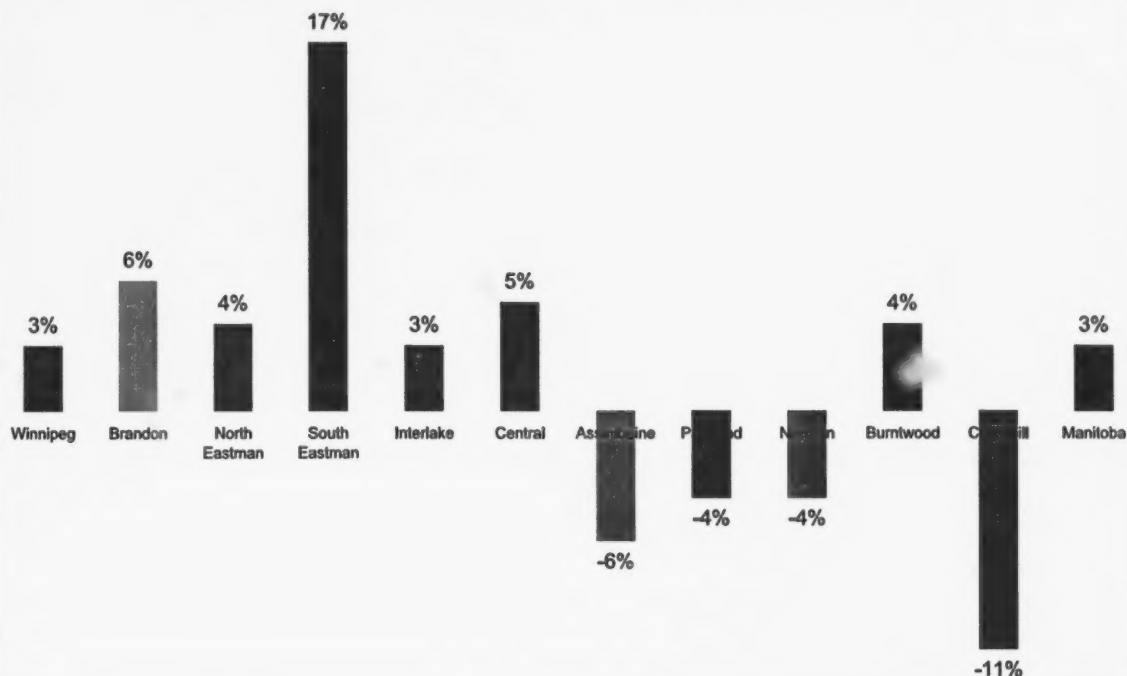
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Manitoba Regional Health Authorities: Population Change 1998 - 2006



South Eastman is experiencing the fastest growth in Manitoba, with 17% population increase between 1998 and 2006, compared to 3% province-wide growth over the same period.

Source: Manitoba Health, 2007

Performance Deliverables

Manitoba Health Broad Topic: Priority Populations and Programs

Performance Measures	Actual Results
Evidence-based strategies addressing priority health and service needs of the region's immigrant population.	Excellent progress with the implementation of an environmental scan through a multi-sectoral Working Group and the regional Community Health Assessment Unit.

Challenges and Future Directions

- Coordinate a meeting with federal, provincial and local immigration representatives to discuss the impact of immigration on health services.
- Include on-going supporting documentation in the Health Plan's General Operating Schedules to highlight funding/volume issues.
- Liaise with the Immigration Settlement Committee to provide regular updates.

Goals linked to Strategic Priority

- Help seniors live in the community as long as possible, in safe environments with quality of life.
- Enhance access to appropriate accommodations for seniors with activity limitations and disabilities.
- Partner with communities in developing senior housing options.

Goal linked to Manitoba Health

- Reduce the disparities in the health status of Manitobans.

Strategies and Success Factors

- Conduct a comprehensive examination of senior housing, including personal care home (PCH) beds and community alternatives.

The senior population is increasing much more rapidly than in any other area of Manitoba leading to a decline in the availability of health care services; steadily increasing pressures on facility and community-based senior health services; and escalating needs and expectations for access to cancer care and palliative care services.

Results in 2006-2007

- Developed a South Eastman Long Term Care Report highlighting the region's needs.
- Met with Manitoba Health to review the Regional Long Term Care Report.
- Developed and delivered presentations to the Executive Management Committee, Regional Management Team and Board of Directors.

Performance Deliverables

Manitoba Health Broad Topic: Access

Performance Indicators	Actual Results
Develop a regional framework for LTC planning in South Eastman.	Established a regional Long Term Care Working Group who drafted and presented a LTC planning framework, Aging in Place practices and health care options.
Successfully implement requirements as identified in the LTC Strategy submissions.	Received funding approval and began to implement Supportive Housing and Supports for Seniors in Group Living initiatives. Funding also approved for Specialized Supports initiatives.

Among 114 individuals panelled for PCH admission, 98 were awaiting South Eastman PCHs, while 16 had applied for PCHs in other regions (9 in Winnipeg and 7 elsewhere). At the same time, 25 individuals were waiting in other regions for admission to South Eastman PCHs.

Review of the South Eastman wait list for the 98 individuals awaiting South Eastman PCHs showed the following breakdown by district (these figures do not include 25 individuals waiting in other regions):

- 13 waiting for PCH in Western District;
- 10 waiting for PCH in Northern District;
- 69 waiting for PCH in Central District;
- 6 waiting for PCH in Southern District.

Challenges and Future Directions

- The Regional Long Term Care Strategy Working Group will continue to gather data and evidence to guide the Board in the development of a regional Long Term Care plan.
- Prepare an action plan to operationalize the Regional Long Term Care Report.
- Implement recommendations from the Regional Long Term Care Report.
- Use the Regional Long Term Care Strategy Working Group document to guide the development of a capital plan.
- Schedule a meeting with Manitoba Health representatives to review the report and discuss the long term care capital plan.

Goals linked to Strategic Priority

- Increase access by clients and their families to end-of-life care delivered according to palliative care principles.
- Strengthen the regional palliative care program.

Goal linked to Manitoba Health

- Improve quality, accessibility and accountability of the health system.

Strategies and Success Factors

- Increase staffing and other resources for the Palliative Care program.
- Strengthen volunteer supports to the Palliative Care program.

As the number of people with cancer and other life-limiting illnesses rise, needs and expectations for palliative care services escalate. South Eastman community consultations (through the Community Health Assessment) call for a stronger vision and plan for end of life services.



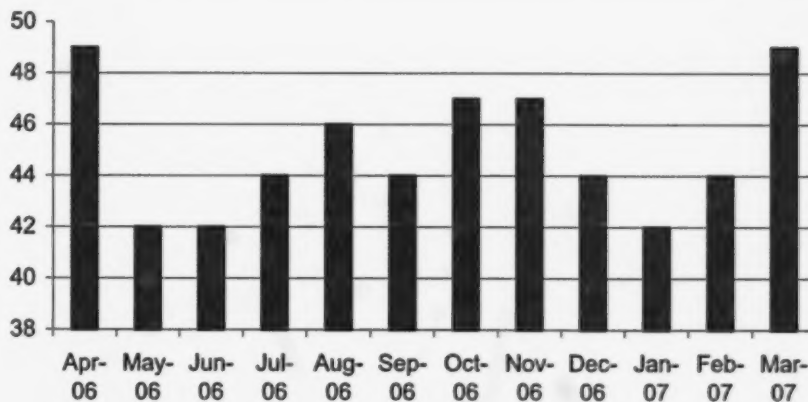
Results in 2006-2007

- Received Board approval to proceed with the creation of a 1.0 EFT Palliative Care Specialist - Psychosocial position.
- Reallocated Home Care funds to create a 0.4 EFT Home Care/Palliative Care Nurse.
- Received Board approval to increase the 0.5 EFT Palliative Care Volunteer Coordinator to a full-time position.

Challenges and Future Directions

- Continue with the delivery of palliative care education sessions for staff and volunteers.

Number of Clients Accessing Palliative Care Services in 2006-2007



In 2006-2007, thirty individuals volunteered a total of 1,467 hours in the Palliative Care Program, providing end-of-life care to RHA clients and support to their families. This care was provided in the client's home, in the hospital or in a long term care facility.

Goals linked to Strategic Priority

- Increase community knowledge and understanding and reduce stigma associated with mental health.
- Increase access to quality mental health services in the community.

Goal linked to Manitoba Health

- Broaden the mental health system to improve mental wellness as well as treat mental illness.

Strategies and Success Factors

- Strengthen education/awareness for clients, staff and the public.
- Enhance community support services, including proctor services, for people dealing with mental health challenges.

South Eastman's community mental health program is experiencing steadily increasing volumes. There are ongoing needs for a crisis stabilization unit so clients can receive crisis intervention care closer to home. Approximately one-third of community mental health clients require additional resources or expertise outside the region. From 2002 to 2004, referrals to the community mental health program increased by 19% for adult services and 16% for child and adolescent services. There are no psychiatric beds within South Eastman and no resources for crisis stabilization. Mental health is consistently among the top priorities referenced in all community consultations.

Results in 2006-2007

- Completed Performance Deliverables to address education and awareness.
- Delivered 112 "Health & Well-Being Seminars" as well as various awareness sessions for consumers, staff and the public.
- Redesigned the RHA public website to provide the public with access to updated and timely health information, news, events and links.
- Acquired six additional proctors since 2004-2005 for a total of eleven.
- Repatriated proctor services to the Mental Health Program from Home Care.
- Restructured the Mental Health Program to designate a lead in proctor policy/process development.
- Completed the proctor service review and developed an action plan.
- Submitted a funding proposal for specialized supports for mental health clients.

Feedback from Participants of our Mental Health & Well-Being Seminars in 2006-2007



Performance Deliverables

Manitoba Health Broad Topic: Healthy Living

Deliverable	Result
Make mental health sessions accessible to consumers and other community members.	Delivered sessions on psycho-education, positive change, healthy living, and healthy balance.
Mental Health promotion seminars for community organizations.	Delivered 18 presentations to schools and other community organizations.
Implementation of a Regional Mental Health Advisory Council (MHAC).	Recruited members to the MHAC, who held its first meeting in March 2007.
Letters of understanding with all self-help organizations.	Facilitated long range planning and establishment of a "Community Partners" group between the RHA and self-help organizations.

Challenges and Future Directions

- Continue to advocate for a South Eastman Crisis Stabilization Unit (CSU) and additional proctor services.
- Actively lobby with Addictions Foundation of Manitoba (AFM) and Mental Health & Addictions Directorate for increased AFM staff.
- Host a second joint "Collaborative Partnerships" session with Family Services & Housing.
- Establish a 1.0 EFT Psychologist position.
- Coordinate activities of the new Mental Health Advisory Council.



Goals linked to Strategic Priority

- Achieve a strong focus on health promotion/illness prevention and education across all regional programs and services.
- Build on information from the community consultations to develop more effective ways of providing residents with access to information on healthy living.

Goal linked to Manitoba Health

- Provide leadership to support and promote wellness of individuals, families and communities.

Strategies and Success Factors

- Have health promotion/illness prevention and education form core components of all regional programs and services.

Prevention is a high priority for South Eastman residents and the RHA. Programming must be gender-appropriate and take into account cultural/language differences and the region's relatively low education and income levels. There is also mounting evidence that greater investment in young families, particularly during children's early years, pays huge dividends in terms of long-term population health and well-being, and sets the foundation for healthier societies.

Results in 2006-2007

- Collated information on current health promotion and illness prevention activities from all regional programs and services; shared information with the Chronic Disease Prevention Initiative (CDPI) working group.
- CDPI project distributed \$33,000 in 12 communities to support 19 community-based CDPI initiatives and 4 district initiatives. Several community-based workshops were held focusing on healthy nutrition.
- In partnership with the Conseil communauté en santé (CCS), established two new community health centres in La Broquerie and Ste. Agathe where residents can access health resources closer to their home.
- Hired a Nurse Practitioner at Bethesda Hospital for a two-year pilot project.
- Redesigned the website with a greater focus on health education and illness prevention information and links.

Performance Deliverables

Manitoba Health Broad Topic: Disaster Management

Performance Measures	Actual Results
Status report on disaster management.	Continued to refine and test regional emergency plans. Specific focus was placed on the development of specific plans and policies for chemical spills, fire plans and facility evacuation.

Challenges and Future Directions

- Request the Quality teams to identify health promotion/illness prevention components in their quality action plans.
- Continue to work on the CDPI multi-year project, including the development of regional community capacity building tools including prototypes for a Speakers' Bureau and an electronic inventory of services in the region.

Goals linked to Strategic Priority

- Provide staff with training and education in quality improvement.
- Ensure continuous process for client feedback.
- Support quality teams as doing "work" of the region.
- Share learning opportunities with staff.
- Foster respect between all service providers by improving communication.
- Improve communication between patients and service providers.

Goals linked to Manitoba Health

- Improve quality, accessibility and accountability.

Strategies and Success Factors

- Develop and implement program service goals/opportunities for improvement jointly by the quality teams and regional management representative.
- Develop and implement a regional policy for sharing service concerns and opportunity for improvements with the appropriate staff/team.
- Put in place an Alleged Abuse and Respect in the Workplace policy to address disrespectful and abusive behaviours.

The Board has prioritized quality of care and patient safety as areas of focus. The Board undertook consultations with various stakeholders on the topic of quality.

Results in 2006-2007

- All 12 Quality Teams developed action plans jointly with management.
- Developed and implemented a regional policy for sharing service concerns.
- Developed a log to track all complaints with regular reporting mechanisms.
- Extracted and summarized common themes from service concerns. Established a process to forward these themes to the relevant teams as learning opportunities and input to make improvements.
- A new Alleged Abuse policy was revised by the Long Term Care team and distributed to all sites.

Performance Deliverables

Manitoba Health Broad Topic: Improved Resource Utilization and System Competency

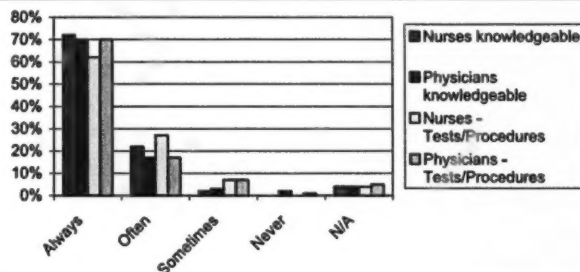
Performance Measure	Actual Results
Establish a regional staff development program to contribute to quality patient care.	Established regional Staff Development Coordinators for acute and long term care. Made significant improvements in the area of general orientation with 62% of new hires attending general orientation, increased from 28% in 2005. Continued to update position descriptions.

Challenges and Future Directions

- Work with staff on the importance of good communication and sharing plans with clients and families.
- Continue to address client concerns to make improvements where applicable.

In 2006-2007, 465 surveys were sent to measure satisfaction with communication around hospital stays in Acute Care. A total of 121 individuals replied for a return rate of 26%.

The area of communication where respondents were most satisfied was the nurses and physicians being knowledgeable, followed by physicians and nurses being informative about their tests and procedures.



Goals linked to Strategic Priority

- To meet the Patient Safety goals as outlined in the Canadian Council on Health Services Accreditation (CCHSA) Patient Safety Goals and Required Organization Practices.

Goals linked to Manitoba Health

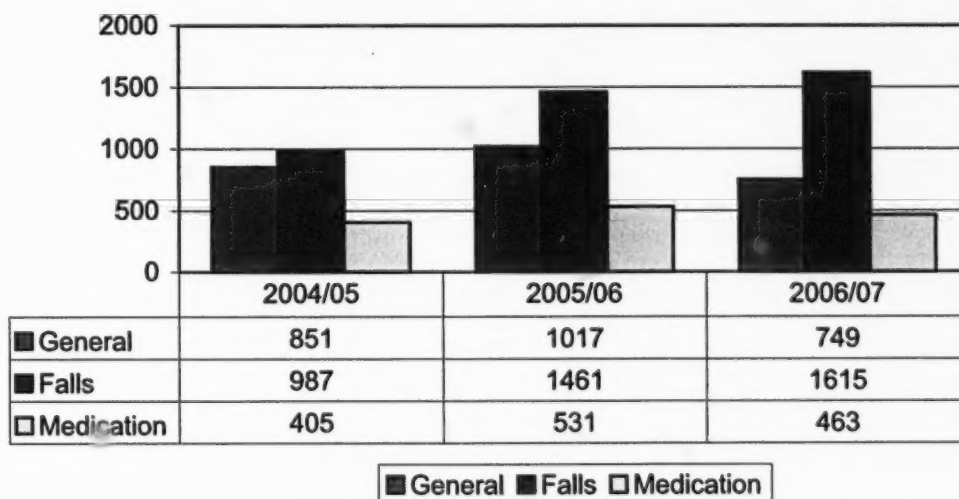
- Improve patient safety and quality of care.

Strategies and Success Factors

- Adopt Patient Safety as a strategic priority.
- Submit quarterly patient safety reports to the Board.
- Develop a Disclosure policy.
- Infection rates are monitored and shared throughout the organization.
- One patient safety-related prospective analysis conducted per year.
- Effective mechanisms employed for transfer of information at interface points.
- Annual training on patient safety to all staff.
- Clients/family informed about their role in patient safety.
- Medications are reconciled upon admission/transfer.

Patient safety is a topic receiving much attention following the Canadian Adverse Events Study: the incidence of adverse events among hospital points in Canada (Baker & Norton). The CCHSA has mandated that all accredited organizations shall meet their objectives effective 2006. There are new and extenuating organizational requirements in the area of ongoing patient safety, monitoring and education.

Patient Safety - Types of Occurrences per Category (Falls, General and Medication)



All RHA sites and programs have now been reporting occurrences for three years through the established regional occurrence reporting process and the electronic Risk Management Data program. Overall, falls continue to make up the greatest percentage of occurrences, increasing by 10% in 2006/07 compared to a 32% increase in 2005/06. General occurrences have decreased by 26% in 2006/07 compared to a 16% increase between 2004/05 and 2005/06. Medication occurrences have also decreased in 2006/07 by 13%, compared to a 24% in 2005/06.

Results in 2006-2007

- Patient Safety has been incorporated as a strategic priority in the RHA's Strategic Plan 2006-2011.
- Presented Quarterly Patient Safety Reports to the Board for the first full year.
- Hired a Regional Infection Control Coordinator who has developed a process to receive and share quarterly Infection Control reports throughout the organization.
- Presented a Patient Safety in-service to managers and clinical resource nurses.
- Established Ste. Anne Hospital as the pilot site for the launch of the MIPS "It's Safe to Ask" brochure.
- Completed the assignment of the 21 CCHSA Required Organizational Practices (ROPs) to appropriate teams.
- Established Vita Hospital as the pilot site for reconciliation of medications.

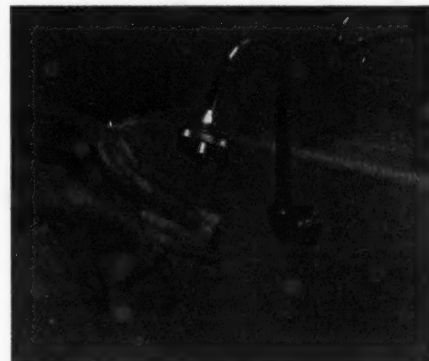
Performance Deliverables

Manitoba Health Broad Topic: Patient Safety

Performance Measure	Actual Results
Patient/Client Safety is written as a strategic priority/goal.	The 2006-2011 Strategic Plan has Patient Safety as Strategic Priority #11.
Quarterly reports on Patient Safety are provided to the Board.	Submitted quarterly reports to the Board including quality, risk and patient safety initiatives and monitoring.
Disclosure policy in place.	Developed and implemented a disclosure policy.
Education on Patient Safety provided to staff.	Implemented one Failure Mode and Effects Analysis (FMEA) exercise on the new sterilizer. Delivered educational sessions on Patient Safety, Bill 17, FMEA and hand hygiene.

Challenges and Future Directions

- Train staff and roll out the MIPS "It's Safe to Ask" brochure to all acute care sites and community programs.
- Implement the new revised CCHSA requirements.
- Appoint a Medication Reconciliation Team to ensure reconciliation of client's medication. Stage implementation of medication reconciliation to other acute care areas, long term care and community services.
- Establish a medication management cycle.



Other Challenges and Future Directions

- Continue hand hygiene education to staff, volunteers and other providers.
- Enhance recruitment and retention initiatives to meet the ongoing challenges of staff requirements and vacancies.
- Manage the ongoing population growth by working creatively with community partners to best meet their needs.
- Position the RHA as a "model workplace" for literacy in order to enhance population health.
- Enhance the RHA website information and links and create an intranet site for internal use, making information on all program and service areas readily accessible to the public and staff (i.e.: Primary Health Care, etc.).

SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.

Consolidated Statement of Financial Position

March 31

2007

2006

	Regional Health Authority	Contract Facilities	Consolidated	Consolidated
Assets				
Current Assets				
Cash	\$ 947,115	\$ 148,737	\$ 1,095,852	\$ 1,580,518
Accounts receivable (Note 1)	940,094	423,439	1,363,533	1,426,403
Due from Manitoba Health (Note 3)	790,817	11,225	802,042	407,528
Inventories	1,281,612	81,559	1,363,171	988,351
Prepaid expense	228,065	19,209	247,274	236,266
Vacation entitlements receivable (Note 2)	2,165,279	488,270	2,653,549	2,653,549
	6,352,982	1,172,439	7,525,421	7,292,615
Retirement obligations receivable (Note 2)	1,898,575	458,577	2,357,152	2,357,152
Restricted assets (Note 4)	215,604	-	215,604	198,317
Capital assets (Note 5)	40,300,455	11,669,123	51,969,578	50,855,428
	\$ 48,767,616	\$ 13,300,139	\$ 62,067,755	\$ 60,703,512

Liabilities and Net Assets

Current Liabilities				
Bank indebtedness (Note 6)	\$ -	\$ 301,635	\$ 301,635	\$ 170,680
Accounts payable and accrued liabilities	4,099,070	639,770	4,738,840	3,827,671
Accrued vacation entitlements (Note 2)	2,535,210	662,798	3,198,008	2,949,098
Current portion of long-term debt (Note 7)	-	168,640	168,640	168,640
Unearned revenue	214,937	7,572	222,509	423,160
	6,849,217	1,780,415	8,629,632	7,539,249
Accrued retirement obligations (Note 13)	2,853,122	458,577	3,311,699	3,008,870
Long-term debt (Note 7)	-	422,859	422,859	652,750
Deferred Contributions (Note 8)				
Expenses of future periods	976,693	181,246	1,157,939	1,277,852
Capital assets	38,270,746	10,905,790	49,176,536	49,067,861
	39,247,439	11,087,036	50,334,475	50,345,713

Commitments and contingencies (Note 11)

Net Assets				
Investment in capital assets	2,029,709	171,834	2,201,543	966,177
Externally restricted - Contract Facilities	-	(620,582)	(620,582)	(368,867)
Externally restricted (Note 4)	215,604	-	215,604	198,317
Unrestricted	(2,427,475)	-	(2,427,475)	(1,638,697)
	(182,162)	(448,748)	(630,910)	(843,070)
	\$ 48,767,616	\$ 13,300,139	\$ 62,067,755	\$ 60,703,512

SOUTH EASTMAN HEALTH/SANTÉ SUD-EST INC.

Consolidated Statement of Operations

For the year ended March 31

2007

2006

	Regional Health Authority	Contract Facilities	Consolidated	Consolidated
Revenue				
Province of Manitoba Health (Note 10)	\$ 49,873,112	\$ 7,809,954	\$ 57,683,066	\$ 53,770,387
Other	952,176	-	952,176	729,181
Government of Canada	264,611	81,925	346,536	406,331
Non-insured income	2,513,410	2,054,118	4,567,528	4,339,568
Other income and recovered services	250,550	7,397	257,947	216,531
Ambulance income	559,407	-	559,407	555,153
Amortization of deferred contributions	2,145,002	416,502	2,561,504	2,826,284
	56,558,268	10,369,896	66,928,164	62,843,435
Expenditures				
Acute care services	18,819,604	-	18,819,604	17,708,926
Long-term care services	7,613,347	10,144,452	17,757,799	16,736,646
Community based home care services	11,351,267	-	11,351,267	10,707,567
Community based health services	4,906,323	-	4,906,323	4,790,092
Medical remuneration	3,669,778	-	3,669,778	3,493,565
Diagnostic services	2,962,141	-	2,962,141	2,929,397
Amortization of capital assets	2,145,002	416,502	2,561,504	2,826,284
Community based mental health services	1,996,734	-	1,996,734	1,882,637
Emergency Medical Services	1,808,211	-	1,808,211	1,646,477
Regional Health Authority costs	1,102,501	-	1,102,501	1,357,909
Interest on long-term debt	-	34,389	34,389	39,219
	56,374,908	10,595,343	66,970,251	64,118,719
Excess (deficiency) of revenue over expenditures before other item	183,360	(225,447)	(42,087)	(1,275,284)
Other Item				
Retirement obligation funding received 2005/06	236,960	-	236,960	-
Excess (deficiency) of revenue over expenditures for the year	\$ 420,320	\$ (225,447)	\$ 194,873	\$ (1,275,284)
Allocated as follows				
Externally restricted	\$ -	\$ (225,447)	\$ (225,447)	\$ (526,430)
Unrestricted	420,320	-	420,320	(748,854)
	\$ 420,320	\$ (225,447)	\$ 194,873	\$ (1,275,284)

NOTE:

This financial information has been extracted from the Annual Financial Statements reported on by our auditing firm, BDO Dunwoody LLP in the Auditor's Report dated May 25, 2007.

A complete set of Financial Statements and Public Sector Disclosure Report with Auditor's Report may be obtained directly from South Eastman Health/Santé Sud-Est Inc.

Corporate Office: P.O. Box 470, 94 Principale Street
La Broquerie MB R0A 0W0
Tel.: (204) 424-5880 or 1-866-716-5633

South Eastman Health/Santé Sud-Est Inc.

General Information

Corporate Office

424-5880/1 866 716-5633

E-mail

corp@sehealth.mb.ca

Hospitals

Bethesda Hospital

326-6411

Centre médico-social DeSalaberry District Health Centre

433-7611

Hôpital Ste. Anne Hospital

422-8837

Vita and District Health Centre

425-3804

Primary Health Care Centres

East Borderland (Sprague)

437-3015

Niverville

388-7060

Personal Care Homes

Bethesda Place (Steinbach)

326-6411

Repos Jolys (St. Pierre-Jolys)

433-7443

Whispering Pines Lodge (Vita)

425-3325

Contract Long Term Care Facilities

Menno Home for the Aged (Grunthal)

434-6496

Rest Haven Nursing Home (Steinbach)

326-2206

St. Adolphe Personal Care Home

883-2181

Villa Youville (Ste. Anne)

422-5624

Programs and Services

Audiology

346-6250

Community Cancer Care

346-5160

Diagnostic

346-5153

Emergency Medical Services

346-7028

Home Care

346-6136

Mental Health

346-7035

Mobile Crisis Unit

326-9276/1 888 617-7715

Midwifery

433-7198

Palliative Care

346-7063

Public Health/Primary Health Care

346-6145

Services to Seniors

346-6256

Community Services

Dominion City

427-3460

Lorette

878-5000

St. Adolphe

883-2243

Ste. Anne

422-8817

St. Pierre-Jolys

433-7636

Steinbach

346-6123

Vita

425-3859

Community Health Centres/Health Corners

Centre de santé La Broquerie

424-5575

Centre de santé Sainte-Agathe

882-2827

Coin Santé/Health Corner (St. Pierre-Jolys)

433-7611

www.sehealth.mb.ca

